

Case Number:	CM13-0064857		
Date Assigned:	01/03/2014	Date of Injury:	10/08/2012
Decision Date:	04/01/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is licensed in Chiropractic, has a subspecialty in Acupuncture and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 51-year-old female with a date of injury of 12/04/2013. According to the progress report dated 11/13/2013, the patient complained of frequent right shoulder pain that is moderate to severe. The pain was aggravated with lifting and reaching. The patient also complained of dizziness and headaches along with strong smells. Significant objective findings included +3 spasms and tenderness to the right rotator cuff and upper shoulder muscles. Codman's test, Speed's test, and Supraspinatus test was positive on the right. The patient was diagnosed with bursitis and tendinitis of the right shoulder, partial tear of the rotator cuff tendon, anxiety, and sleep disorder.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Acupuncture 3 x week for 2 weeks, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines states that acupuncture may be extended if there is documentation of functional improvement as defined in section 9792.20(f). Records indicate that the patient had completed 12 acupuncture sessions. The

progress report dated 11/13/2013 noted that since last examination, the patient had increased activities of daily living including the ability to reach with her right arm. There was no documentation of objective functional improvement from acupuncture care. In addition, the provider had prescribed Naproxen Sodium for the patient. The guideline defines functional improvement as either a clinically significant improvement of activities of daily living or reduction in work restriction as measured during the history and physical exam and a reduction in dependency on continued medically treatment. The patient's work restriction remained the same as compared to the previous visit. There was no evidence of reduction in the dependency on continued medically treatment as the provider has prescribed pain medication for the patient. Based on the lack of functional improvement, the provider's request for 6 additional acupuncture sessions three times a week for 2 weeks is not medically necessary at this time.